

HHS/CDC Global AIDS Program (GAP) in Uganda – FY 2003



About the Country of Uganda

Capital City: Kampala

Area: 236,040 sq km (91,135 sq mi)

Population: 24.7 million

The HIV/AIDS Situation in Uganda

HIV Infected: 1.2 million¹

AIDS Deaths: 84,000²

AIDS Orphans: 880,000³

Uganda's response to HIV/AIDS has been comprehensive and, therefore, is seen as a model for the rest of sub-Saharan Africa. Since 1992, HIV prevalence in Uganda has dropped by more than 50% (the most marked decline has been people ages 15-19 and 20-24 years), and significant changes in HIV-related behaviors have been documented. The government's openness about HIV/AIDS has led numerous multilateral and bilateral, indigenous, and international nongovernmental organizations (NGOs) to work on HIV/AIDS in Uganda. In

addition, numerous community-led initiatives characterized Uganda's early response to HIV/AIDS. The overall prevalence of HIV/AIDS in the country is 4.8%, with prevalence estimates of roughly 10% and 4% for the urban and rural populations, respectively. The total of new AIDS cases in 2002 was 73,830, compared to 99,031 new cases reported in 1999 and 2000 combined. Of the new AIDS cases in 2002, 17,050 were in children under 15 years of age. Transmission is mainly heterosexual (75%-80%); mother-to-child-transmission (MTCT) accounts for 15%-25%; infected blood products 2%-4%, and use of non-sterile instruments less than 1%.

About The Global AIDS Program in Uganda

Year Established: 2000

FY 2003 Budget: \$8.18 million USD

In-country Staffing: 4 CDC Direct Hires; 94 Locally Employed Staff; 1 Contractor⁴

Program Activities and Accomplishments

In FY 2003, GAP Uganda achieved the following accomplishments in the highlighted areas:

HIV Prevention

- Supported 26 full service voluntary counseling and testing (VCT) sites and 23 VCT sites offering partial services (outreach and counseling with referrals for testing).
- Partnered with The AIDS Support Organization (TASO) to initiate the Prevention with Positives (PWP) Project, a study to assess the sexual behaviors of TASO's HIV-positive clients.
- Provided funds to the AIDS Information Centre (AIC) and AIDS/HIV Integrated Model District Program (AIM) for the expansion of VCT services in the insecure districts of northern Uganda.
- Developed guidelines for home-based VCT within the Home-Based Aids Care (HBAC) project.
- Reached 3,000 HBAC household members with home-based VCT.
- Supported efforts of the Uganda Blood Transfusion Services, American Red Cross, and the Uganda Red Cross Society to recruit blood donors through an incentive program.
- Provided 84,622 blood donors (an 18% increase over 2002) with pre-test and post-test counseling on HIV, hepatitis B, syphilis, and blood group results.

¹ Figure represents a 2002 estimate taken from unpublished data in the GAP M&E Annual Report.

² Figure represents a 2001 estimate taken from the CIA World FactBook

³ Figure represents a 2001 estimate taken from unpublished data in the GAP M&E Annual Report.

⁴ Figure represents a May 2004 census taken by GAP staff; staffing subject to change.

- Supported the design of blood donor posters and brochures. Seven thousand posters and 3,500 brochures have been produced for blood donor mobilization.)
- Supported 52 district-based partners to provide targeted prevention services.
- Funded youth services, including drama and education sessions; youth clubs and sports; psychosocial support; participation in policy development; and community HIV awareness.

Preventing Mother-to-Child HIV Transmission (PMTCT)

- Assisted the Ministry of Health (MOH) to expand the National PMTCT program by supporting the recruitment of new staff and training of health care providers.
- Supported translation, production, and dissemination of PMTCT communication materials; including videos, brochures, posters, and flip charts in seven local languages.
- Collaborated with the Islamic Medical Association of Uganda (IMAU) to broadcast 31 radio programs, air four television programs, and distribute 9,500 copies of a PMTCT newsletter in order to bolster community involvement and increase use of PMTCT services.
- Developed a PMTCT training curriculum and trained 750 community members. More than 500,000 individuals experienced one-on-one contact with a PMTCT-trained community member, and 320 mothers have been recruited for PMTCT services through community mobilization efforts.

HIV/AIDS Care and Treatment

- Expanded tuberculosis (TB) screening, isoniazid prophylaxis, and referral to four VCT centers.
- Provided cotrimoxazole prophylaxis to more than 15,000 people living with HIV/AIDS (PLWHA) in seven TASO centers.
- Strengthened pediatric HIV/AIDS care through training of health workers and renovation of a referral HIV/AIDS clinic for children.
- Collaborated with TASO to treat more than 1,000 HIV-positive adults and children with antiretroviral (ARV) and TB medications using a home-based approach in rural Uganda.
- Supported AIM's efforts to strengthen TB diagnostic and treatment services in 13 districts.

Surveillance and Infrastructure Development

- Initiated HIV surveillance in nine TB units and improved existing sexually-transmitted Infection (STI) surveillance in 20 clinics.
- Supported the MOH antenatal clinic (ANC)-based HIV/AIDS surveillance activities at all 25 HIV/AIDS sentinel surveillance sites.
- Conducted an infrastructure assessment of 82 laboratories in 16 AIM-supported districts.
- Supported training in HIV/AIDS program management and monitoring and evaluation (M&E).
- Conducted trainings in behavioral interventions, clinical and lab work, and informatics.
- Trained 336 lab personnel in the provision of HIV/AIDS laboratory-related activities.
- Supported the education and training of 941 health professionals, community leaders, and lay caregivers in HIV/AIDS care and management.

Challenges

- Existing capacities and infrastructure cannot adequately meet the increasing demand for HIV/AIDS prevention and care services.
- Uganda lacks policies to support the implementation of important HIV care and prevention components, including HIV/TB integration, cotrimoxazole prophylaxis, and infant feeding.
- Insecurity in certain districts makes them inaccessible for program implementation.
- GAP Uganda lacks the coordinated M&E system and staff necessary to track its activities and outcomes over time and across projects.

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